

CHAPTER 44:06:01
GENERAL OPERATION

Section

44:06:01:00	Definitions.
44:06:01:01	Program scope.
44:06:01:02	Transferred.
44:06:01:03	Repealed.
44:06:01:04	Transferred.
44:06:01:05	Diagnostic and consultation clinics.
44:06:01:06	Right to administrative review and fair hearing.
44:06:01:07	Confidentiality.
44:06:01:08	Termination of eligibility for care coordination services or diagnostic and consultation clinics.
44:06:01:08.01	Termination of eligibility for financial assistance.
44:06:01:09	Referrals.
44:06:01:10	Repealed.

44:06:01:01. Program scope. The CSHS program, through federal and state moneys, provides care coordination services, diagnostic and consultation clinics, and financial assistance for travel reimbursement and specified procedures and treatment for those who qualify under this chapter.

Source: 3 SDR 2, effective July 15, 1976; 6 SDR 93, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 23 SDR 91, effective December 9, 1996; 30 SDR 198, effective June 23, 2004.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

44:06:01:06. Right to administrative review and fair hearing. An applicant for or recipient of CSHS who is aggrieved by an action taken with regard to the furnishing or denial of such services may ~~file a request for an administrative review and fair hearing with the department. The secretary shall appoint a committee composed of administrative personnel and~~

~~medical personnel with qualifications applicable to the case to conduct reviews. The time of the review shall be fixed by the secretary at the earliest time convenient for both the appellant and the review committee~~ appeal under the provisions of chapter 1-26 as a contested case.

Source: 3 SDR 2, effective July 15, 1976; 6 SDR 93, effective July 1, 1980; 9 SDR 162, effective June 20, 1983; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

CHAPTER 44:06:02

ELIGIBILITY REQUIREMENTS

Section

44:06:02:01	Transferred.
44:06:02:02	Eligibility for diagnostic and consultation clinics the CSHS program.
44:06:02:03	Repealed.
44:06:02:04	Financial assistance eligibility requirements.
44:06:02:05	Financial assistance authorized services requirements.
44:06:02:06	Treatment services financially covered.

44:06:02:02 Eligibility for ~~diagnostic and consultation clinics~~ the CSHS program. All of the following criteria must be met before individuals ~~shall be scheduled to be seen in diagnostic, and consultation clinics~~ can be determined eligible for the CSHS program:

- (1) The client is a resident of South Dakota;

- (2) The client is under age 21;
- (3) The client's chronic medical condition is coverable by CSHS; and
- (4) The client has a primary care physician who accepts responsibility for the individual's care.

Source: 6 SDR 9s, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 9 SDR 162, effective June 20, 1983; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; eligibility requirements for diagnostic evaluation and consultation services transferred from § 44:06:02:01, 23 SDR 91 effective December 9, 1996; 30 SDR 198, effective June 23, 2004; 33 SDR 106, effective December 26, 2006

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

CHAPTER 44:06:04

FAMILY FINANCIAL PARTICIPATION

Section

44:06:04:01 Financial eligibility -- Schedule of discounts.

44:06:04:02 Financial need -- Cost-sharing.

44:06:04:03 Repealed.

44:06:04:04 Mileage reimbursement

44:06:04:04 Mileage Reimbursement. A financially eligible family, per 44:06:04:01, is eligible to receive mileage reimbursement from the CSHS program. Mileage reimbursement is calculated based on map miles from the family's city of residence to the city where medical

services were provided, at state rates determined by SDCL 3-9-1, and upon meeting the following criteria:

(1) the mileage was incurred transporting the eligible client to and/or from medically necessary services covered by article 44:06:02:06; and

(2) the mileage was incurred at least ten miles outside the city limits of the family's residence, as listed on the family's mailing address.

CHAPTER 44:06:05

CLAIMS

Section

44:06:05:01 Billing procedures.

44:06:05:02 Third-party sources.

44:06:05:03 Maximum allowed for financial assistance.

44:06:05:01. Billing procedures. The CSHS program shall pay the provider for authorized services rendered after receiving pertinent billing information as follows:

(1) A completed standardized billing form received within ~~six months~~ one year from the service date; and

(2) An insurance deduction or rejection shown on the billing form with an attached explanation of benefits from the insurance plan, or if a prescription drug claim, then a completed CSHS prescription drug claim form allowing the pharmacy to bill CSHS without an explanation of benefits form.

Source: 6 SDR 93, effective July 1, 1980; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 30 SDR 198, effective June 23, 2004; 33 SDR 106, effective December 26, 2006.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

CHAPTER 44:06:06

SCOPE OF BENEFITS

Section

44:06:06:01	Chronic medical conditions covered.
44:06:06:02	Repealed.
44:06:06:03	Diagnostic and consultation services covered.
44:06:06:04 to 44:06:06:06	Repealed.
44:06:06:07	Services and conditions not covered.

44:06:06:07. Services and conditions not covered. Services and conditions not covered under the CSHS program include the following:

- (1) Doctor visits for routine care unless recommended by the specialist in charge;
- (2) Routine dental care, except for that requested by an orthodontist for a child with a cleft palate;
- (3) Surgical procedures with any associated hospitalizations except upon individual case review;
- (4) Cosmetic surgery except upon individual case review for cleft lip or palate or both;
- (5) Acute accidents or illnesses;

- (6) Vocational rehabilitation;
- (7) Special education;
- (8) Appliance repairs;
- (9) ~~Transportation, room,~~ Room and board;
- (10) Ambulance charges;
- (11) Supplies and appliances as follows:
 - (a) Artificial eyes;
 - (b) Catheters except for renal disorders;
 - (c) Contact lenses except upon individual case review for congenital cataracts;
 - (d) Crutches;
 - (e) Over-the-counter drugs and medications, except upon individual case review;
 - (f) Glasses;
 - (g) Hearing aids, except upon individual review;
 - (h) Immunizations;
 - (i) Kidney dialysis machines;
 - (j) Prosthesis, except upon individual review;
 - (k) Shoes;
 - (l) Special beds;
 - (m) Speech appliances except for obturators;
 - (n) Walkers;
 - (o) Wheelchairs; and
 - (p) Dietary supplements, except upon individual case review;
- (12) Infectious diseases;
- (13) Organ transplants;

- (14) Fractures or other acute trauma;
- (15) Kidney dialysis;
- (16) Undescended testicles;
- (17) Intestinal obstruction;
- (18) Imperforate anus;
- (19) Experimental procedures; and
- (20) Psychological evaluations.

Source: 6 SDR 93, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 9 SDR 162, effective June 20, 1983; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 23 SDR 91, effective December 9, 1996; 30 SDR 198, effective June 23, 2004; 33 SDR 106, effective December 26, 2006.

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